

From: Web Form Poster [trokita@sos.in.gov]  
Sent: Tuesday, January 30, 2007 2:53 PM  
To: ethics  
Subject: [Form 40876 submission]

For the Calendar Year: 2006

Check if this is an amendment to your current statement.:

Name (Last): Rokita  
Name (First): Theodore  
Name (Middle): Edward

Spouse's Name (Last): Rokita  
Name (First): Kathleen  
Name (Middle): Denise

Office Address (Street): 200 W. Washington Street Room 201 Address (City):  
Indianapolis Address (Zip): IN

Office Telephone Number: ( 317 )232-6536 Email Address (required):  
trokita@sos.in.gov

I am filing this statement as a (select one): incumbent

Office or Agency: Secretary of State  
Job Title: Secretary of State

PART 1 - GIFTS (If you have information to report below, select YES. If no information, select NO.)

Name (Last):  
Address (City):  
Address (Zip):  
Name (Last):

Address (City):  
Address (Zip):

Name (Last):  
Address (City):  
Address (Zip):

PART - 2 REAL PROPERTY INTERESTS (If you have information to report below, select YES. If no information, select NO.) Yes

Property and its location: 421.5 Massachussettes Avenue Indianapolis, IN 46204 Property and its location: 5004 East 10th Street Indianapolis, IN46202 Property and its location:

PART - 3 Non-State Employers (If you have information to report below, select YES. If no information, select NO.) Yes

List the name of your employer(s) and the employer(s) of your spouse and the nature of each employer's business.

Your employer:

Nature of business:

Spouse's employer: 5/3rd Bank

Nature of business: Banking and Accounting

PART 4 - SOLE PROPRIETORSHIP OR PROFESSIONAL PRACTICE (If you have information to report below, select YES. If no information, select NO.) No

Name of Your Business:

Nature of Business:

Name of Spouse's Business:

Nature of Spouse's Business:

Do any clients for these businesses listed above have a business relationship with your agency (or in the case of a candidate, with the office sought)?

List the name of any client or customer from whom you or your spouse received more than thirty-three percent (33%) of your (or your spouse.s) non-state income in a year.

PART 5 - PARTNERSHIPS (If you have information to report below, select YES. If no information, select NO.) No

Name of Your partnership:

Nature of partnership:

Name of Spouse's partnership:

Nature of Spouse's partnership:

PART 6 - OFFICER OR DIRECTOR OF CORPORATION (If you have information to report below, select YES. If no information, select NO.) Yes

Name of Corporation: Hoosier Seneca LLC

Nature of Business: Aircraft Leasing

Name of Spouse's Corporation:

Nature of Spouse's Business:

PART 7 - STOCKHOLDER OF CORPORATION (If you have information to report below, select YES. If no information, select NO.)

Name of corporation:  
your's:  
spouse's:  
children's:

Name of corporation:  
your's:  
spouse's:  
children's:

Name of corporation:  
your's:  
spouse's:  
children's:

PART 8 - MOST RECENT EMPLOYER (If you have information to report below, select YES. If no information, select NO.)

Name of your most recent former employer:

Address  
Street:  
City:  
State:  
Zip Code:

#### COMMENTS

<p>Please place any comments in the fields below

-----  
FIELDS NOT DEFINED IN THE TEMPLATE FOLLOW  
-----